



DIAL-A-LIFE DONOR FORM



THANK YOU FOR YOUR GENEROUS DONATION! Please provide the following information so that we may put your phone(s) to use as quickly as possible.

DONOR NAME (Please Print): _____

CONTACT INFORMATION (Optional): Phone: _____ Cell: _____

OF CELL PHONES BEING DONATED: _____ **DATE OF DONATION:** _____

PHONE MAKE	PHONE MODEL	PHONE ESN #	WORKING CONDITION?	
			YES	NO
Ex. Nokia	8260	09401716830	√	

How did you hear about the Dial-A-Life Program? (check one)

☐ Web ☐ Radio ☐ TV ☐ Newspaper ☐ Other: _____

DONOR RELEASE OF LIABILITY

I, _____, the Donor, acknowledge and agree that the wireless mobile telephones I am voluntarily donating are either owned by me personally or have been given to me for the purpose of donation to the Dial-A-Life program. I, for myself and , if applicable, previous owners and lessors of the mobile wireless telephones given to me for the purpose of donation, DO HEREBY RELEASE AND HOLD HARMLESS MIAMI-DADE COUNTY, THE DIAL-A-LIFE PROGRAM, INCLUDING ALL MEMBERS OF THE DIAL-A-LIFE ADVISORY AND OVERSIGHT BOARD, their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, and advertisers WITH RESPECT TO ANY AND ALL CHARGES, FEES, PENALTIES, OR ANY OTHER PAYMENT OBLIGATIONS ON THE TELEPHONES THAT ACCRUED ON OR BEFORE THE DATE AND TIME THAT I DONATED THE TELEPHONES. THIS AGREEMENT APPLIES TO SUCH OBLIGATIONS WHETHER ACCURATE OR INACCURATE, BY ANY WIRELESS SERVICE PROVIDER.

SIGNATURE: _____ **DATE:** _____

FOR COLLECTION CENTER USE ONLY

NAME OF COLLECTION CENTER: _____

COLLECTION CENTER CONTACT PERSON: _____

PHONE: _____